WEST TEXAS A&M UNIVERSITY
C.A.M.P

COLLEGE ASSISTANCE MIGRANT PROGRAM
WTAMU BOX 60094
CANYON, TEXAS 79016-0001
TEL: (806) 651-2351
FAX: (806)-651-5323
Email: wtcamp@wtamu.edu

www.wtamu.edu/camp

CAMP APPLICATION

Please complete the CAMP application and submit the required documents in order to be considered for West Texas A&M University's CAMP Program by the priority deadline, February 1st. We will continue to accept applications after this date. Please keep in mind that we have limited availability.
West Texas A&M University
College Assistance Migrant Program Application

**Applicant Information**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Buff ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

**Address:**

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>How often do you check your E-mail:</th>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Social Security #:</th>
<th>Gender:</th>
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</table>

**Are you a citizen of the United States?**

- YES
- NO

**Place of Birth:**

*If you are not a U.S. Citizen, please provide a copy of your social security card or resident card.*

**Are you a permanent resident of the U.S.?**

- YES
- NO

**Residency No.:**


**Have you ever participated in these programs?**

- Migrant Education
- Trio Program
- H.E.P.
- Other

**Education**

School Currently Attending: ___________________________ Address: ___________________________

<table>
<thead>
<tr>
<th>Graduation Date:</th>
<th>GPA:</th>
<th>Counselor’s Name:</th>
</tr>
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</table>

**Did you receive a G.E.D?**

- YES
- NO

**If so, please specify where and when:**

**Have you received College Credit?**

- YES
- NO

**Hours completed: ____ If so, from which institution(s)? **

**Applying for Admission:**  Fall 20____  Spring 20____

**Expected Major:**

**Have you applied to WT?**

<table>
<thead>
<tr>
<th>Have you been accepted?</th>
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**How did you learn about C.A.M.P?**

**Have you applied for WT Scholarships using the online application?**

(www.wtamu.edu/scholarships)

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Eligible for CAMP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of verification used:</th>
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</thead>
<tbody>
<tr>
<td>Migrant Education  Seasonal/Farm-work Verification  WIA</td>
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<table>
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<tr>
<th>Comments:</th>
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</table>
### Family Information

<table>
<thead>
<tr>
<th>Father/Guardian Name</th>
<th>Employer</th>
<th>Highest Level of Education</th>
<th>Position</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Mother/Guardian Name</th>
<th>Employer</th>
<th>Highest Level of Education</th>
<th>Position</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Did either of your parents graduate from college? [ ] YES [ ] NO Has anyone in your family attended college? [ ] YES [ ] NO

If so, who? ____________________________
Did they graduate? [ ] YES [ ] NO Which College? ____________________________

If so, who? ____________________________
Did they graduate? [ ] YES [ ] NO Which College? ____________________________

What was your household's taxable income last year? $_________ Number of persons living in household: _______

### Essay Questions

On a separate sheet of paper, please answer the following prompts in short essay form:

- Why is an education important to you?
- What would you like to achieve in college? In what ways have your academic and social experiences prepared you for college?
- Describe your family background and work history.
- Discuss the priorities in your life and any potential barriers you see that may prevent you from completing higher education.

### Verification of Status

If you would like to be considered for admission to CAMP, please complete one of the following as required by the U.S. Department of Education Office of Migrant Education.

- **“Verification of Migrant Education Program Status”**
  *Please attach a copy of your Migrant Education Identification # (COE).
  If you have an identification number you do not need to complete the section titled “Verification of Farm-worker Employment Status” (page 4).

- **“Verification of Farm-worker Employment Status”**
  *Please take the attached “Employment Status” form to the employer and ask them to complete the form.
  Send the form back to the CAMP Office. Please respond as soon as possible so that we may begin to establish your eligibility. Remember, openings are limited.

- **“Proof of participation in Workforce Investment Act (WIA) Section 167”**
  *Proof of participation in Workforce Investment Act (WIA) Section 167 (Acquire from program personnel)

### Student Permission to Release Confidential Records

I understand that it may be necessary for the CAMP program staff to obtain records from other West Texas A&M University departments in order to verify my current academic and financial status. I give my permission for such records to be obtained.

Signature: ____________________________ Date: __________________
Verification of Farm-Worker Employment Status

Dear Employer:

The following Student, ______________________________________, has applied to the College Assistance Migrant Program (CAMP) at West Texas A&M University. In order to be eligible for the program the student must be a migrant/seasonal farm-worker (or the dependent of a migrant/seasonal farm-worker). The student has indicated that the person listed below has been/was employed by you as a farm-worker within the last two years. The purpose of this form is for you to verify his/her employment.

After completing this form please return to: College Assistance Migrant Program
West Texas A&M University
WTAMU Box 60094
Canyon, Texas 79016-0001

For purpose of the program, the farm-work may include any activity directly related to the production of crops, dairy products, poultry or livestock, or the cultivation or harvesting of trees, or any activity directly related to fish farms.

This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishments.

Name of Employee _________________________________________________________________

Last Name   First Name   Middle Name

Dates Worked
Beginning _______/_______/_______ Ending _______/_______/_______

Type of Farm-work ________________________________________________________________

________________________________________________________________

Total days within the past two years worked _____________________________

Certificate of Employer

I certify that the information provided is complete and accurate according to our records.

Name of Employer _________________________________________________________________

Last Name   First Name   Middle Name

Mailing Address _________________________________________________________________

Number & Street  City  State  Zip

Business Phone Number ________________________________

Employer Signature ________________________________ Date ______________________